

STATE OF WISCONSIN Division of Hearings and Appeals

In the Matter of



DECISION

FOO/145724

PRELIMINARY RECITALS

Pursuant to a petition filed December 03, 2012, under Wis. Admin. Code § HA 3.03(1), to review a decision by the Milwaukee Enrollment Services in regard to FoodShare benefits (FS), a hearing was held on January 03, 2013, at Milwaukee, Wisconsin.

The issue for determination is whether the agency properly reduced the Petitioner's FS benefits to \$578/month effective December 1, 2012.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:



Respondent:

Department of Health Services 1 West Wilson Street Madison, Wisconsin 53703 By: Nikitia Howse

> Milwaukee Enrollment Services 1220 W Vliet St Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

Debra Bursinger Division of Hearings and Appeals

FINDINGS OF FACT

- 1. Petitioner (CARES # is a resident of Milwaukee County.
- 2. Petitioner's household size is four.
- 3. Petitioner's monthly income for October, 2012 was \$0. The Petitioner received \$668 in FS benefits for October.

- 4. In November, 2012, the Petitioner received \$326 in unearned income. FS benefits remained at \$668 for November, 2012.
- 5. In December, 2012, the Petitioner received \$653 in unearned income. FS benefits were calculated at \$578 beginning December 1, 2012.
- 6. On November 15, 2012, the agency issued a Notice of Decision to the Petitioner informing him that FS benefits would be reduced to \$578 effective December 1, 2012.
- 7. On December 3, 2012, the Petitioner filed an appeal with the Division of Hearings and Appeals.

DISCUSSION

In determining the amount of FS to be issued each month, the agency must budget all of the recipient 's nonexempt income including earned and unearned income. 7 C.F.R. §273.9(b). From that income, certain deductions are allowed. The deductions include a standard deduction, which currently is \$160 per month. 7 C.F.R. §273.9(d)(1); FS Handbook, Appendix 4.6.2. Another deduction is the earned income deduction, which equals 20% of the household's total earned income. 7 C.F.R. §273.9(d)(2); FS Handbook, App. 4.6.3. A third possible deduction is for medical expenses exceeding \$35 in a month for elderly or disabled persons. 7 C.F.R. §273.9(d)(3); FS Handbook, App. 4.6.4. A fourth deduction is for child/dependent care. 7 C.F.R. §273.9(d)(4); FS Handbook, App. 4.6.6. The final deduction is for shelter expenses; the deduction is equal to the excess expense above 50% of net income remaining after other deductions. 7 C.F.R. §273.9(d)(5); FS Handbook, App. 4.6.7.

In this case, the Petitioner does not dispute that he started receiving W-2 income in November and that he received \$653/month in W-2 benefits beginning in December, 2012. As a result of that increase in his household income, the agency re-calculated the FS benefit allotment. The notice that was issued to the Petitioner on November 15, 2012 was confusing because it indicated that the reduction in benefits was due to the household "earning" more money. The agency worker testified that the notice is confusing because that language is used when the household receives more money, whether earned or unearned income. In this case, the increase in income was due to unearned benefits from W-2.

I note that the Petitioner testified that he has recently started a job and that the family is now paying rent. The Petitioner was advised to report those changes to the agency so that benefits could be adjusted accordingly.

I reviewed the agency budget screen and conclude that the agency properly calculated the Petitioner's FS benefits for December 1, 2012 at \$578/month.

CONCLUSIONS OF LAW

The agency properly reduced the Petitioner's FS benefits to \$578/month eff ective December 1, 2012.

THEREFORE, it is

ORDERED

That the petition be, and hereby is, dismissed.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee, Wisconsin, this 28th day of January, 2013

\sDebra Bursinger
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

David H. Schwarz Suite 201 5005 University Avenue Madison, WI 53705-5400 Telephone: (608) 266-3096 FAX: (608) 264-9885 email: DHAmail@wisconsin.gov Internet: http://dha.state.wi.us

The preceding decision was sent to the following parties on January 28, 2013.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability